

Name (print) ROD SHERER Office (if applicable) STATE ASSEMBLY District (if applicable) 36
 Mailing Address (include city and zip code) 1790 NORTH LESLIE # 301 PARKVIEW Telephone No. 725-727-2503

E-Mail Address _____

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL/PRY ☐ INDEX ☐ AMENDED

**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002
 Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002
 BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any _____

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- | | |
|---|------------------|
| 1. Total amount of monetary contributions in excess of \$100 | <u>30,350.00</u> |
| 2. Total amount of monetary contributions of \$100 or less | <u>1,043.00</u> |
| Actual number of monetary contributions of \$100 or less | <u>22</u> |
| 3. Interest and income earned on contributions, if any | <u>0</u> |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | <u>31,393.00</u> |
| 5. Total amount of In Kind Contributions | <u>4,189.00</u> |

EXPENSES SUMMARY

- | | |
|--|------------------|
| 6. Total amount of monetary expenses in excess of \$100 | <u>29,176.13</u> |
| 7. Total amount of monetary expenses of \$100 or less | <u>2,359.07</u> |
| 8. Expense for filing fee | <u>100.00</u> |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | <u>31,635.20</u> |
| Remaining Balance (Subtract line 9 from 4) | <u>-242.20</u> |
| 10. Total amount of In Kind Expenses | <u>0</u> |

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____

Date Executed On 8-27-02